

## STATE OF CONNECTICUT

ICUT DEPARTMENT OF PUBLIC SAFETY
DIVISION OF FIRE, EMERGENCY AND BUILDING SERVICES
OFFICE OF THE STATE FIRE MARSHAL

## APPLICATION TO PURCHASE, TRANSPORT, AND USE EXPLOSIVES \*

MUNICIPALITY		DATE		
hereb	cordance with the applicable sta by make application to purc	tutes and regulations of the State of Connecticut, I hase, transport, and use explosives.		
1	( Full name and address of person actually discharging explosives.)			
2 3 4 5 6 7 8 9	( Previous experience as a blaster including name of employer & dates.)  ( Full name and address of employer.)  ( Brief description of proposed blasting including location.)  ( State license for use. )			
			( Method of Transportation.)	( Transport license number.)
			( Transport vehicle number and expiration date.) * *  ( Name and address of company supplying the explosives.)	
	10.	( Call before you dig number.)  ( Insurance information. [where applicable] )		
	11.			
	whic	erstand that any information given information is intended to misle her official duties, is a crime under Signature of Applic		
	a			
T		, TRANSPORT, AND USE EXPLOSIVES		
1,111,111,111,111	MUNICIPALITY DATE			
0.0000000000000000000000000000000000000		d regulations of the State of Connecticut, permission is herewith		
grant	ed to	to purchase, transport, and use		
explosives in accordance with the aforegoing application. This permit will expire on Limited to any conditions? If so, state.				
			Sign	ature of Fire Marshal

\*NOTICE - Reverse side must be completed by supplier of the explosives.

\*\* NOTICE - Vehicles must be inspected and licensed by the State Fire Marshal. Information subject to false statement provisions of C.G.S. Section 53a-157.

White Copy: Permitee
Yellow Copy: Local Fire Marshal
Green Copy: State Fire Marshal